E¥549907871 PTO/SB/21 (08-03) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Avork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 09/417,990 Filing Date 10/13/1999 TRANSMITTAL First Named Inventor Lovett et al. **FORM** Group Art Unit 2178 (to be used for all correspondence after initial filing) **Examiner Name ADAM M QUELER** Attorney Docket Number MS1-383US Total Number of Pages in This Submission ENCLOSURES (check all that apply) \boxtimes Fee Transmittal Form Drawing(s) After Allowance Communication to Group Fee Attached Licensing-related Papers Appeal Communication to Board Petition of Appeals and Interferences Amendment / Reply Petition to Convert to a Appeal Communication to Group After Final Provisional Application (Appeal Notice, Brief, Reply Brief) Affidavits/declaration(s) Power of Attorney, Revocation Proprietary Information Change of Correspondence Extension of Time Request Status Letter Address **Express Abandonment Request Terminal Disclaimer** Other Enclosure(s) (please Information Disclosure Statement identify below): Request for Refund Request for Continued Examination (RCE) Certified Copy of Priority CD, Number of CD(s) Preliminary Amendment **Documents** Declaration Under 37 CFR 1.131 with Response to Missing Parts/ attached reference Incomplete Application Return Receipt Postcard Remarks Response to Missing Parts under 37 CFR 1.52 or 1.53 22801 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Lewis C. Lee/Reg. No. 34656 Individual Name Signature Date CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service

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Signature	GHANN Manma	Date	29105

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PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE duction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 09/417,990 FEE TRANSMITTA Filing Date 10/13/1999 For FY 2005 Lovett et al. First Named Inventor ADAM M QUELER **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 **Art Unit** 2178 TOTAL AMOUNT OF PAYMENT (\$)790.00Attorney Docket No. MS1-383US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): 12-0769 Lee & Hayes, PLLC Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 130 50 65 Plant 200 100 300 160 80 150 Reissue 300 150 500 600 250 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims 360 **Total Claims** Fee (\$) **Multiple Dependent Claims Extra Claims** Fee Paid (\$) - 20 or HP = 50 Fee Paid (\$) <u>Fee (\$)</u> HP = highest number of total claims paid for, if greater than 20 **Extra Claims** Indep. Claims Fee (\$) Fee Paid (\$) 200 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets Extra Sheets** Fee (\$) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Request for Continued Examination (RCE) 790.00

SUBMITTED BY	$\Delta \Delta \Delta$			
Signature	Little	Registration No. (Attorney/Agent)	34656	Telephone (509) 324-9256
Name (Print/Type)	Lewis C. Lee			Date 1/27/05

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